

**Serendipity Healing Arts**  
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**Client/Patient Bill of Rights and Responsibilities**

**PLEASE READ AND SIGN BELOW**

**Client/Patient Bill of Rights and Responsibilities regarding qEEG Brain Mapping, Peripheral Biofeedback and Neurofeedback Training.**

We want to encourage you, as a client/patient of Serendipity, to speak openly with your treatment provider, take part in your assessment and training choices, and promote your own safety and well-being by being well informed and involved in your Quantitative Electroencephalography (qEEG) Brain Mapping assessment, Peripheral Biofeedback (BFB) and Neurofeedback (NFB) training services. You are encouraged to think of yourself as a partner in your care, and therefore to know your rights as well as your responsibilities as a client/patient receiving services. Serendipity provides various educational interventions, assessment protocols, and treatment services, a few of which are still considered, by some, to be experimental.

**Client/Patient Rights:**

- You have the right to receive considerate, respectful and compassionate services in a safe setting, free from all forms of abuse, neglect, or mistreatment, regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities. You have the right to inquire about and discuss ethical issues related to your care at all times, and to voice your concerns about the care you receive.
- You have the right to be told by your provider, about your diagnosis and possible prognosis, the benefits and risks of services offered, and the expected outcome of the services you receive. You have the right to give written informed consent before any non-emergency procedure begins, and to understand the costs of assessment and BFB/NFB services before you begin.
- You, your family, and friends with your permission, have the right to participate in decisions about offered services, including the right to refuse/withdraw from services.
- You have the right to decide not to receive qEEG, BFB, and or NFB from us. If you wish, we can provide you with the names of other qualified qEEG, BFB, and NFB providers.
- You have the right to ask questions about protocol and procedures used during all qEEG assessments, and BFB/NFB sessions, and to ask questions about qEEG/BFB/NFB technique and to prevent the use of certain training techniques if you feel unsure of them, and to participate in setting goals and evaluating progress towards meeting them.

- You have the right to have all that you say treated confidentially and be informed of state law placing limitations on confidentiality in the qEEG/BFB/NFB relationship. Under certain circumstances, we are required by law to reveal information obtained during qEEG/BFB/NFB to other persons or agencies without your permission. Also, we are not required to inform you of our actions in this regard. These situations are as follows: (a) If you threaten bodily harm or death to yourself or another person, we are required by law to notify the victim and appropriate law enforcement agencies; (b) If a court of law issues a subpoena; (c) If you are in qEEG assessment, BFB, or NFB training or being tested by a court of law, the results of those services must be revealed to the court; (d) If you have given us information concerning non-accidental injury and neglect to minors or incompetent adults. (e) If you are in the process of filing a workman’s compensation claim or file such in the future.

**Client/Patient Responsibilities - You are expected to:**

- Provide complete and accurate information, including your full name, address, home telephone number, date of birth, and employer when it is required.
- Provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
- Ask questions when you do not understand information or instructions. If you believe you cannot follow through with your health care plan, you are responsible for telling your provider. You are responsible for outcomes if you do not follow your health care plan.
- Provide complete and accurate information about your finances and to pay your fees in accordance with the arrangement you pre-established with Serendipity.
- Set and keep appointments with your provider, and be on time for your appointments.  
**Appointments cancelled without at least 24-hour notice are subject to a \$50 charge.**
- Help plan your health care goals, and keep your qEEG/BFB/NFB provider informed of your progress toward meeting your goals.
- Inform your qEEG/BFB/NFB provider of any problems you have which may have an effect on your progress or which may be potentially harmful to yourself or others.
- Notify Serendipity if you intend to discontinue training.

**I have read and understand my rights.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)